

ಕರ್ನಾಟಕ ರಾಜ್ಯ ಶುಶ್ರೂಷ ಪರೀಕ್ಷಾ ಮಂಡಳಿ, ಬೆಂಗಳೂರು
KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD, BANGALORE

Answer Booklet Xerox copy - For the Examination held during August 2011

Name of the Institution Seal with full Address :	School Code No :																														
Name of the Student :																															
Register Number :	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">N</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			D	N																										
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Subject / Papers for which applied :	<p style="text-align: center;">1st Year</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Paper-I</td> <td style="width: 65%;">Anatomy, Physiology & Microbiology</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Paper-II</td> <td>Psychology and Sociology</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Paper-III</td> <td>Fundamentals of Nursing</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Paper-IV</td> <td>Communty Health Nursing-I</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <hr/> <p style="text-align: center;">2nd Year</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Paper-I</td> <td style="width: 65%;">Medical Surgical Nursing-I</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Paper-II</td> <td>Medical Surgical Nursing-II</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Paper-III</td> <td>Mental Health and Psychiatric Nursing</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <hr/> <p style="text-align: center;">3rd Year</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Paper-I</td> <td style="width: 65%;">Midwifery and Gynecology</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Paper-II</td> <td>Paediatric Nursing</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Paper-III</td> <td>Community Health Nursing-II</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Paper-I	Anatomy, Physiology & Microbiology	<input type="checkbox"/>	Paper-II	Psychology and Sociology	<input type="checkbox"/>	Paper-III	Fundamentals of Nursing	<input type="checkbox"/>	Paper-IV	Communty Health Nursing-I	<input type="checkbox"/>	Paper-I	Medical Surgical Nursing-I	<input type="checkbox"/>	Paper-II	Medical Surgical Nursing-II	<input type="checkbox"/>	Paper-III	Mental Health and Psychiatric Nursing	<input type="checkbox"/>	Paper-I	Midwifery and Gynecology	<input type="checkbox"/>	Paper-II	Paediatric Nursing	<input type="checkbox"/>	Paper-III	Community Health Nursing-II	<input type="checkbox"/>
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Paper-II	Paediatric Nursing	<input type="checkbox"/>																													
Paper-III	Community Health Nursing-II	<input type="checkbox"/>																													

Amount of Fees paid :

Amount	D.D. No	D.D. Date	Name of the Bank

NOTE : 1. Students should tick the subjects for which he / she has applied for in the box given



2. Fee for Answer booklet xerox copy Rs. 500/- per paper

Date :

Place :

Signature of the Student

Signature of the Principal
with Address Seal

School Code No :

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KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD, BANGALORE

No.243, Pragati Arcade, 3rd Main, 3rd Cross, Chamaraipet, Bangalore-560 018

The List of Students applied for Answer Booklet Xerox copy for August 2011 Examination

Sl No	Register Number	Name of the Student	Year of the Course (Write year wise & Syllabus wise)	Paper-I	Paper-II	Paper-III	Paper-IV	Total Amount
1								
2								
3								
4								
5								
6								
7								
8								
9								
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11								
12								
13								
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15								
16								
17								
18								
19								
20								

1st Year Total No. Students :

2nd Year Total No. Students :

3rd Year Total No. Students :

Total Amount paid :

Amount

D.D. No

D.D. Date

Name of the Bank

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Signature of the Principal Name of
the School with Seal